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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : RAANAN LIEBERMANN Docket No.: 99-352
Serial No.: 09/662,451 Examiner :
Filed : September 14, 2000 Art Unit :
For : A SYSTEM AND A METHOD
FOR CARRYING OUT PERSONAL
AND BUSINESS TRANSACTIONS

900 Chapel Street
Suite 1201
New Haven, CT 06510-2802

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
United States Patent and Trademark Office
Washington, D.C. 20231

Dear Sir:

Applicant respectfully requests that a corrected Official Filing Receipt be issued in the above case due to an error in the identification of the attorney's docket number as follows:

In the "ATTY DOCKET NO" section,
"00-352" should read --99-352--.

Correction of the error noted above in the Official Filing Receipt is respectfully requested. A copy of the incorrect Official Filing Receipt is attached with the error indicated in red for convenience.



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Respectfully submitted,

RAANAN LIEBERMANN

By Barry L. Kelmacher
Barry L. Kelmacher
Attorney for Applicant

Area Code: 203
Telephone: 777-6628-ext. 114
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Date: November 16, 2000

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231
on November 16, 2000
(Date of Deposit)

Nicole Porto
Name and Reg. No. of Attorney
[Signature]
Signature
November 16, 2000
Date of Signature



UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/662,451	09/14/2000	2161	1839	00-352 99-352	15	121	18

Barry L Kelmachter
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FILING RECEIPT



OC000000005523891

Date Mailed: 11/01/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Raanan Liebermann, North Haven, CT ;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 11/01/2000

** SMALL ENTITY **

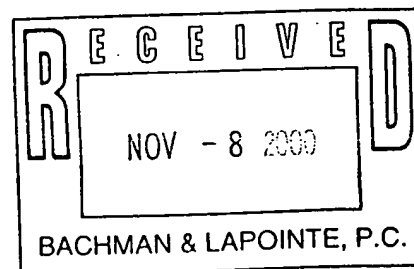
Title

System and a method for carrying out personal and business transactions

Preliminary Class

705

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Data entry by : ROBEL, ROMAN

Team : OIPE

Date: 11/01/2000



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Bib Data Sheet

#3

SERIAL NUMBER 09/662,451	FILING DATE 09/14/2000 RULE -	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 99-352
APPLICANTS Raanan Liebermann, North Haven, CT ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/01/2000				
** SMALL ENTITY **				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 15	TOTAL CLAIMS 121
Verified and Acknowledged	Examiner's Signature _____ Initials _____			INDEPENDENT CLAIMS 18
ADDRESS Barry L Kelmachter Bachman & LaPointe PC Suite 1201 900 Chapel Street New Haven, CT 06510-2802				
TITLE System and a method for carrying out personal and business transactions				
FILING FEE RECEIVED 1839	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	